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Supplement 1 to ATTACHMENT 4.19-B
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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A, Part B and Part C Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters SP.

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item D of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters MR.

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3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in items A, B, C and E of this attachment, for those groups and payments listed below and designated with the letters NR.
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4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item B and C of this attachment (see 3. above).

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A, Part B and Part c Deductible/Coinsurance

QMBs:	Part A <u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
	Part B <u>SP*</u>	Deductibles	<u>SP*</u>	Coinsurance
	Part C <u>SP**</u>	Deductibles	<u>SP**</u>	Coinsurance

Other	Part A <u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
Medicaid				
Recipients	Part B <u>SP*</u>	Deductibles	<u>SP*</u>	Coinsurance
	Part C <u>SP**</u>	Deductibles	<u>SP**</u>	Coinsurance

Dual	Part A <u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
Eligible				
(QMB Plus)	Part B <u>SP*</u>	Deductibles	<u>SP*</u>	Coinsurance
	Part C <u>SP**</u>	Deductibles	<u>SP**</u>	Coinsurance

* See exception to Medicare Part B coinsurance and deductible amounts for outpatient hospital services and drugs prescribed under Part B as described on Page 3, item B.

** See exception to Medicare Part C coinsurance and deductible amounts for inpatient and outpatient hospital services and drugs prescribed under Part C as described on Page 3, item C.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A, Part B and Part C Deductible/Coinsurance

- A. Effective for dates of service beginning April 1, 2003, payment for Medicare Part A coinsurance and deductibles will be reimbursed as follows for inpatient hospital services:

The Medicaid payment will amount to the Medicaid claim payment less the amount paid by Medicare not to exceed the sum of the Medicare coinsurance and deductible. The Medicaid claim payment amount will be calculated in accordance with Attachment 4.19-A of the South Carolina State Plan.

- B. For all other Medicare Part A covered services (other than nursing facilities), the Medicaid payment will be limited to state plan rates. Effective for dates of service beginning September 15, 2010, payment for Medicare Part B coinsurance and deductibles will be reimbursed as follows for outpatient hospital services and drugs prescribed under Part B:

The Medicaid payment will amount to the Medicaid claim payment less the amount paid by Medicare not to exceed the sum of the Medicare coinsurance and deductible.

For all other Medicare Part B covered services, the Medicaid payment will be limited to state plan rates.

- C. Effective with payment dates beginning September 15, 2010, payment for Medicare Part C coinsurance and deductibles for inpatient and outpatient hospital services and drugs prescribed under Part C will be reimbursed as follows:

The Medicaid payment will amount to the Medicaid claim payment less the amount paid by Medicare not to exceed the sum of the Medicare coinsurance and deductible (and/or co-payments and deductibles).

For all other Medicare Part C covered services, the Medicaid payment will be limited to the state plan rates.

- D. For services which are covered by Medicare but are not covered by the SC State Plan, the Medicaid claim payment referenced in paragraphs A, B and C above, will be 75% of the Medicare rate for QMB recipients. There will be no payment for non-covered SC State Plan services for non-QMBs. See section 4.19-D of the Medicaid State Plan for the limitation on nursing home coinsurance payments.